

**STATE OF MISSOURI**  
**DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**EMPLOYMENT STATUS STATEMENT**

**Name of Company:** \_\_\_\_\_

The above company has participated in a federal program that requires that certain employment standards be met. Completion of this form is **VOLUNTARY**, and this information will be kept confidential, with access only to the company's personnel official, representative of the city/county who is administering the program, and the State of Missouri who oversees the program.

Family – husband, wife, and all dependents as defined by the IRS for income tax purposes.

Family Income – Total yearly income from all family members over the age of 18. If you are an applicant, this would be prior to employment with the company. If you are a current employee, this will include present salary.

FAMILY SIZE	INCOME LIMITS					
	A (30%)		B (50%)			C (80%)
1	_____	TO	_____	TO	_____	<b>FAMILY SIZE:</b> _____  <input type="checkbox"/> Income Above Column C  <input type="checkbox"/> Income between Column B & C  <input type="checkbox"/> Income between Column A & B  <input type="checkbox"/> Income below Column A
2	_____	TO	_____	TO	_____	
3	_____	TO	_____	TO	_____	
4	_____	TO	_____	TO	_____	
5	_____	TO	_____	TO	_____	
6	_____	TO	_____	TO	_____	
7	_____	TO	_____	TO	_____	
8+	_____	TO	_____	TO	_____	

**Please check all of the following that apply to you:**

☐ Over the Age of 62

☐ Handicapped/Disabled

☐ Female Head of Household

**ETHNICITY:**

☐ Hispanic

☐ Non-Hispanic

**RACE:**

☐ White

☐ Asian & White

☐ Black/African American

☐ Black/African American & White

☐ Asian

☐ Am. Indian/Alaskan Native & Black/African Am.

☐ American Indian/Alaskan Native

☐ Asian & Native Hawaiian/Other Pacific Islander

☐ Native Hawaiian/Other Pacific Islander

☐ All Others

☐ American Indian/Alaskan Native & White

To the best of my knowledge, the above information is true and can be verified if requested by proper officials of the city/county of the State of Missouri. I also certify that I am authorized to work in the United States and can produce evidence of work authorization.

NAME PRINTED

SIGNATURE [Required]

JOB TITLE

DATE